



CITY OF BROOKLYN, OHIO

EMPLOYMENT APPLICATION

City of Brooklyn
7619 Memphis Avenue
Brooklyn, Ohio 44144
(216) 351-2133

*The City of Brooklyn is an equal opportunity employer and advises the public that it does not discriminate on the basis of age, race, sex, color, creed, religion or handicap in admission or access to, or treatment or employment in its programs and activities.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () Cell Phone: ()

E-mail Address: _____

Date of Birth _____ Social Security # _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Employment Desired

Position Applied for: _____

Date Available: _____ Desired Salary: \$ _____

Are you looking for PT/FT/ Either ☐ Part-time ☐ Full Time ☐ Are you employed now? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If so, when? _____

Physical record

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

Yes _____ No _____
If yes, what can be done to accommodate your limitations? _____

In case of emergency notify:

Name Address Phone

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree/Studies: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree/Studies: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree/Studies: _____

Military Service

Branch: _____ Rank: _____ Type of Discharge: _____

References

Please provide names of three persons not related to you, whom you have known for at least one year.

Full Name:	_____	Years Acquainted:	_____
Company:	_____	Phone:	() _____
Address:	_____		
Full Name:	_____	Years Acquainted:	_____
Company:	_____	Phone:	() _____
Address:	_____		
Full Name:	_____	Years Acquainted:	_____
Company:	_____	Phone:	() _____
Address:	_____		

Previous Employment

Company:	_____	Phone:	() _____
Address:	_____	Supervisor's Name:	_____
Job Title:	_____		
Responsibilities:	_____		
From:	_____	To:	_____
Reason for Leaving:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:	_____	Phone:	() _____
Address:	_____	Supervisor's Name:	_____
Job Title:	_____		
Responsibilities:	_____		
From:	_____	To:	_____
Reason for Leaving:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:	_____	Phone:	() _____
Address:	_____	Supervisor's Name:	_____
Job Title:	_____		
Responsibilities:	_____		
From:	_____	To:	_____
Reason for Leaving:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payments of my wages and salary, be terminated at any time without any prior notice.

Signature: _____ Date: _____